

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 101771396 FILING DATE _____
APPLICANT(S) _____

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1			
2		1		1		
3				1		
4		1		1		
5				1		
6		1				
7				1		
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50						
TOTAL IND.			1			
TOTAL DEP.			10			
TOTAL CLAIMS			11			

	IND	DEP	IND	DEP	IND	DEP
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